Study Of Servqual Approach; Investigate The Service Quality Of Private And Public Hospitals In Ahmedabad.

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Abstract

This research seeks to investigate the idea of service quality in the context of health care. The authors attempted to discover the impact of each variable on satisfaction using Parasuramanet al Modified's SERVQUAL variables. Field study was conducted with 246 patients, and the data was analyzed using SPSS and Excel. In comparison to other services, the article indicates that health care service quality is very complicated. The findings demonstrated that consumers' expectations were not met, as they were unsatisfied with the quality of healthcare services provided by both public and private institutions. The study provides a fresh viewpoint on how the notion of service quality is implemented in the hospital setting. The authors hope that this survey highlights areas of unhappiness that may be swiftly addressed and assures continuous progress in areas of satisfaction.

1. INTRODUCTION

Every individual's fundamental necessity for well-being is health. A hospital is one of the components of the healthcare business and the sector's most important pillar. In today's India, every major city has a network of private/corporate hospitals that provide specialized treatment using the newest technology and sophisticated care procedures all under one roof. Private or corporate hospitals, such as Apollo Hospitals, Fortis Hospitals, Max Hospitals, and Lockhart Hospitals, currently operate a network of significant and tertiary care hospitals throughout India, serving the country's vast population. It has a significant center of highly skilled medical experts and specialist teams, as well as a moderate cost. In recent years, India has been a center for medical tourism, which has had a significant influence on our country's GDP. Several private or corporate hospitals have medical facilities that provide excellent, compassionate patient care. In terms of private or corporate hospitals, the main emphasis of today's time is on profitability and cost reduction. In recent years, the public sector, particularly government hospitals, has placed a greater emphasis on quality standards and infrastructure to improve treatment and care. Many aspects and dimensions influence the quality of outcomes (patients and attendants), and each component contributes to the development, success, survival, and performance of these organizations. Human factor involvement (health, well-being, treatment, and cure) is critical for hospitals and their administration. The emotional, economic, and cultural features of entering patients and their attendants vary greatly; if a hospital system aims to perform effectively, there is no aspect on which it may compromise. That implies hospital-like organizations must seek out and enhance every service in order to please their patients and attendants and deliver high-quality care. Hospitals, primary healthcare centers, community healthcare centers, medical shops, and diagnostic centers are examples of healthcare institutions. One of the main goals of every healthcare system across the globe is to provide high-quality services while also meeting the requirements and expectations of its consumers.

Healthcare is a high-involvement service that is concerned with a person's health and well-being. Not just in developed but also emerging nations, it is one of the fastest expanding service industries (Dey et al., 2006). By 2020, the Indian healthcare service market is estimated to reach USD 280 billion (The Economic Times, dated 1st September, 2015; India Brand Equity Foundation, June, 2017). Due to

rising demand and limited resources, healthcare must be sustainable (Faezipour and Ferreira, 2013). In the future, factors such as increasing income levels, an aging population, more health awareness, and a shift in attitudes toward preventative healthcare will increase demand for healthcare services. Consumers nowadays are more aware of and motivated to comprehend the information accessible about healthcare services. Any healthcare system must prioritize patients. They are healthcare system clients who have high expectations. Healthcare institutions must use a complete social strategy in addition to a medical one. Patients need performance in all services they get, including as admission, discharge, and so on, in addition to proper diagnosis and treatment (Angelopoulou et al., 1998). Good performance encourages customers to not only return to the same service provider, but also to distribute additional positive recommendations (Youssef, 1996). In order to establish if healthcare services are successful, people must be happy with the services delivered. Patients' 2|P a g e wellbeing would be increased by enhancing the efficacy of healthcare services provided to them, and with better wellbeing, patients are anticipated to become healthier, reducing the number of patients (Carlson and Gabriel, 2001).

Hospital healthcare service quality measurement represents an important approach for advancing healthcare systems. This paper presents preliminary results of a research on the quality of healthcare services provided by a large, public, university hospital centre in India, based on the Gaps Model of Service Quality and the SERVQUAL instrument. The importance of particular service quality dimensions was analyzed, as well as the gaps between patient perceptions and expectations of healthcare services provided by 18 departments of the university hospital centre. Results revealed the gaps that exist at the level of the university hospital centre as a whole, showing the size variations in different service quality dimensions. The management of the university hospital centre should improve healthcare service quality in all dimensions by paying particular attention to the 'responsiveness' and 'tangibility', where the largest gap was identified.

2. LITERATURE REVIEW

Altaf Yousuf Mir (2022) A service provider's quality is what sets them apart from the competition. It gives you an advantage over the competition. Despite the fact that hospitals provide identical services of various quality, it has become one of the distinguishing aspects that establishes a distinct advantage. Private or corporate hospitals place a greater focus on service quality and cost-cutting. The framework gives an overview of health care delivery system quality issues at the system level. To establish a larger picture of excellent care, it is necessary to analyze and separate the human and technological factors. Favorable health-care results, such as lower mortality, lower morbidity, longer life expectancy, and higher-quality treatment, are becoming increasingly common. When expectations rise, there may be some disappointment along the way. As a result, satisfying rising expectations becomes critical. Patients' expectations may vary depending on their region, education level, culture, and economic situation (out-of-pocket expenditure). A comparison of the two main public and private hospitals in Ahmedabad has been conducted in this report. The data for the study was obtained from three stakeholders: in-patients, OPD follow-up patients, and patient attendants.

Rupal Kantilal Khambhati (2018) Patients are at the center of any healthcare system. The primary goal of the healthcare system is to ensure the health of patients. Consumers nowadays are well-informed and well-informed. They want complete satisfaction from all services. Healthcare services rank low in search characteristics because it is difficult for customers/patients to assess the service before choosing a healthcare facility or using a certain service provider's services. Patients are not in charge of their own treatment decisions and remain passive. Access to a healthcare institution does not guarantee that the services will be used. People will not utilize the healthcare institution if they are not happy. Health-care services are important because they directly affect people's lives and well-being. As a result, it is critical for the healthcare service provider to give top-notch services. Because they do not work for financial aid and their primary emphasis is on public health, public health care bears a greater share of this obligation. The goal of this research is to learn about the many aspects of healthcare service quality in Ahmedabad. The research looks at two groups of persons, urban and rural, who are divided by their place of residence. Responses were collected using a non-probability convenience sampling approach using a questionnaire survey. A total of 933 answers were collected from two hospitals, ten community health centers (CHC), and twenty-eight primary health centers (PHC). After deleting 23 incorrect replies, 910 respondents (415 from rural areas and 495 from urban areas) are

evaluated for data analysis. Using exploratory and confirmatory component analysis, the research investigates and validates six aspects that determine the quality of healthcare services, including Medical Service, Service Responsiveness, Discharge, Admission, Hygiene, and Visual Facility. The PubHCServQual scale was created to assess the quality of public healthcare services. The research shows that, with the exception of admission, all five criteria have a substantial influence on patient satisfaction and behavioral intention. The impact of duration of stay on the service quality gap has also been investigated. Levene's F and Student's t statistics are used to assess the service quality differences between urban and rural clients. For all six aspects, the service quality gaps are positive, suggesting that there is a disconnect between what people anticipate and what they get. The service quality disparities for urban and rural clients range in several aspects, indicating that caregivers should exercise caution while providing services.

Faisal Talib (2015) Indian healthcare institutions (HCEs) have incorporated service quality (SQ) and SQ dimensions in some fashion to their organization during the last two decades in order to increase patient satisfaction. However, according to a recent assessment, renowned Indian academics focusing on healthcare quality and related fields in the healthcare industry are few. Furthermore, there is a notion that whatever study that has been done is fragmented, extremely particular, and specialized. In light of this, the goal of this research is to conduct a thorough and systematic review of the literature on healthcare quality, SQ, the creation and use of SERVQUAL, and the relationship between SQ and patient satisfaction. The study also defines the HCEs' healthcare quality dimensions and models. Finally, further study is needed to establish conceptual underpinnings and analytical models based on quantitative data. The findings of this research will assist Indian healthcare practitioners and quality experts in taking the lead in integrating hospital SQ aspects in their companies and may even provide a framework/model for improved performance.

Ghulam Shawkat Hossain (2017) Despite recent progress in Ahmedabad's health sector, there is still widespread worry about the country's service quality, particularly in public hospitals. When it comes to hospital service quality, patient happiness is the most important problem or product (service). The purpose of this research was to retest the SERVQUAL scale items at a randomly chosen tertiary level hospital in Dhaka, Ahmadabad. A SERVQUAL scale evaluating five core characteristics of service quality, namely reliability, assurance, tangibles, empathy, and responsiveness, was used to capture reactions of diverse customers regarding service quality in hospitals. Patients from a public hospital in Dhaka made up the population for the retesting research. A five-point Likert scale questionnaire was given to 100 consumers at random at a specified hospital. With sufficient permission and confidentially, all consumers were polled. Such research would be useful in ensuring a better hospital environment and attracting more patients via improved quality service at a public hospital that is largely funded by Ahmedabad taxpayers. The increasing outflow of Ahmedabad patients to hospitals in neighboring countries, as well as the drainage of millions of Ahmedabadi currency to other countries, is linked to the service quality of public hospitals. Despite the presence of a significant number of healthcare experts in Ahmedabad, the service quality of public hospitals is linked to the proper utilization of public healthcare facilities. This sort of research will have a significant influence on our national healthcare system, as well as our national economy. All components on the SERVQUAL scale, such as reliability, assurance, tangibles, empathy, and responsiveness, were shown to have a substantial relationship with the patients' reported satisfaction in the study's data analysis.

Đurđana Ozretić Došen(2020) Quality evaluation of hospital healthcare services is an essential strategy for improving healthcare systems. Based on the Gaps Model of Service Quality and the SERVQUAL instrument, this article offers early findings of a study on the quality of healthcare services offered by a major, public, university hospital center in India. The relevance of certain service quality aspects, as well as the discrepancies between patient perceptions and expectations of healthcare services supplied by 18 university hospital center departments, were investigated. The findings highlighted the gaps that exist at the university hospital center level as a whole, revealing the size disparities in many service quality parameters. The university hospital center's administration should enhance healthcare service quality in all areas, with a focus on'responsiveness' and 'tangibility,' which were identified as the biggest gaps.

3. RESEARCH METHODOLOGY

This is an analytical research based on primary data gathered using a carefully designed questionnaire. The questionnaire was individually given to a sample size of 246, drawn at random from two cities in Gujarat state. To determine the factors to examine in study, a literature review was conducted. The information was gathered using a three-part questionnaire. The SERVQUAL items (Parasuraman et al., 1985), which assess service quality, make up the first two components. Part I had 41 statements that assessed the anticipated level of service quality from great hospitals. In Part II, the same items were used to assess public and private hospital service quality in Ahmedabad and Gandhinagar. Respondents were asked to rate the statements in relation to the hospital in this survey (s). On a five-point "Agree-Disagree" Likert scale, all of the statements in Parts I and II were evaluated. The demographic questions made up the last section of the questionnaire. A questionnaire was developed and tested on 57 people. The risk of incorrect interpretation and prejudiced viewpoints was minimized. Statistical approaches are used to analyze data with the help of SPSS (Statistical Package for Social Science) software version 16.0 and Excel. The sample size was calculated using the formula below.

$$n = \frac{z^2 pq}{d^2}$$

Here Z = 1.96, p = 0.20, q = 0.80, d = 0.05,

$$n = \frac{(1.96)^2 (0.20)(0.80)}{(0.05)^2}$$

n = 245.8624 ≈ 246

Sample

The sample was selected from persons over the age of eighteen who lived in the Ahmedabad and Gandhinagar areas. Family members who had used public and private healthcare services in the previous two years were asked to fill out a self-administered questionnaire. A total of 246 questionnaires were produced and sent to respondents in order to obtain quantitative data for the research. Three public and five private hospitals, as well as 36 medium-scale clinics where surgery is performed, were chosen for the study by zenithresearch.org.in. Ahmedabad Civil Hospital, Gandhinagar Civil Hospital, V.S. Hospital, Sanjivani Hospital, Shrey Hospital, Samved Hospital, Nidhi Hospital, and Medi Link Hospital are the names of the hospitals.

Characteristics Of Sample The following table shows the demographic profile of surveyed respondents.

Table: 1 Characteristics of Sample

Variables	Category	Frequency
	18-23	46
	24-29	63
	30-35	49
Age	35-40	41
	40+	47

	Total	246
Monthly Income	10,000-20,000	58
	20,001-30,000	73
	30,001-40,000	41
	40,000+	74
	Total	246
Occupation	Student	33
	Professional	109
	Businessman	27
	Housewife	17
	Govt. employee	32
	Others	28
	Total	246
Education Level	Undergraduate	8
	Graduate	78
	Postgraduate	160
	Total	246
Gender	Male	183
	Female	63
	Total	246

4. DATA ANALYSIS

A modified version of the SERVQUAL instrument was administered to 246 respondents who had recently benefitted from hospital care in the Ahmedabad and Gandhinagar districts. SPSS and Excel were used to examine the results of a sample of 246 patients from eight hospitals. The weighted arithmetic mean was obtained for each of the 41 statements of expectation and perception, and the gap score was generated by subtracting perception values from expectation values. The Mean Score of Perception and Expectation of Public and Private Hospitals was calculated per dimension, and a comparison analysis was done with the gap score of each dimension in mind.

When compared to perception ratings, the mean expectation scores were high, ranging from 3.34 to 0.08 for public hospitals and 3.80 to -1 for private hospitals. Question 15 (This hospital offers for necessary safety and comfort measures) received the lowest public hospital expectation score (e.g: handrails in aisles, rooms and bathrooms, ramps suitably designed for wheelchairs and stretchers, elevators and spacious corridors). Question 40 had the highest score. (This hospital offers convenient consultation hours for all of its patients.) The most affordable public hospital Question 40 (This hospital provides convenient consultation hours for all of its patients) received the highest perception score, followed by question 30 (This hospital puts their patients' best interests at heart). Question 11 (Amenities such as constant power and water supply, housekeeping and sanitation facilities, agreeable circumstances such as temperature, ventilation, noise, and smell are available) yielded the lowest private hospital expectation score, while question 32 yielded the highest. (This hospital's employees are knowledgeable enough to address patients' queries.) Question 19 (Patients feel comfortable being treated by the physicians of this hospital) had the lowest private hospital impression score, while question 32 (Employees of this hospital have knowledge to answer patients' inquiries) received the best private hospital perception score. There are five dimensions in all. Physical Aspects, Encounter, Process, and Policy are all areas where private hospitals outperform public hospitals, but Reliability is the sole area where public hospitals outperform private hospitals. Overall, the private sector outperforms the public sector in the Encounter dimension, while the public sector has the lowest Encounter-Responsiveness score.

Table: 2 Dimensions Wise Score Of Perception And Expectation Of Public And Private Hospitals

Dimen-sions	Public Hospitals			Private Hospitals		
	E	P	G	E	P	G
Physical Aspects	4.30	2.44	1.86	3.33	2.89	0.44
Reliability	4.41	2.25	2.17	4.64	2.33	2.31
Responsiveness	3.85	3.47	0.38	4.81	3.43	1.38
Empathy	3.98	2.56	1.42	3.88	3.49	0.39
Encounter	7.83	6.03	1.80	8.69	6.92	1.77
Process	4.33	2.60	1.73	3.46	2.73	0.72
Policy	4.48	4.29	0.19	4.61	4.79	-0.18

Table: 3 Dimensions Wise Comparative Analysis Of Public And Private Hospitals

Dimensions	Public Hospital -GAP	Private Hospital -Gap	Best Performer

Physical Aspects	1.86	0.44	Private Hospital
Reliability	2.17	2.31	Public Hospital
Encounter	1.80	1.77	Private Hospital
Process	1.73	0.72	Private Hospital
Policy	0.19	-0.18	Private Hospital

5. CONCLUSION

The goal of this research was to learn more about how consumers judge service quality in a developing economy, which varies greatly from the European and American contexts. The present study highlights the fact that service quality is a multifaceted and complicated concept. Our results have significant consequences for hospital owners, managers, government officials, researchers, and other stakeholders in the healthcare industry. To resolve patients' concerns effectively and efficiently, hospital administrations must collect systematic feedback from their patients and build visible and transparent complaint mechanisms. Although the chance to do so is explicitly offered in order to foster a healing atmosphere, most customers are hesitant (Ekiz, 2004) to make their wants and expectations apparent, including their concerns.

6. REFFERENCE

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